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**MEDICAL AND EDUCATIONAL MISSIONS OF THE CHRISTIAN
MISSIONARIES IN SOUTH-WEST BENGAL WITH REFERENCE
TO MIDNAPORE, BANKURA AND MANBHUM DISTRICT**

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Keywords	Abstract
<i>Missionary, Medicine, Education, Midnapore, Bankura, Manbhum, South-West Bengal, Tribal.</i>	The contribution of the Christian Missionaries in the field of educational and medical development in Bengal occupies a significant place in colonial social history. Prior to colonial intervention, healthcare in regions such as Midnapore, Bankura, Manbhum, Birbhum, Burdwan the south-western portion of Bengal largely depended on indigenous systems of medicine i.e., Ayurveda, Unani and folk remedies. From the late eighteenth century onwards, Christian Missionaries began to propagate evangelical work with humanitarian services, especially in the field of healthcare and education. The London Missionary Society, Church Missionary Society, Baptist Missionary Society, Wesleyan Methodist Missionary Society, German Evangelical Lutheran Mission and United Free Church of Scotland Mission played pioneering roles in integrating medicine and education into missionary activity. Missionaries realised that educational and medical charity could be the easiest tools of contact with local communities, especially among the poor and the socially excluded who were largely neglected by the colonial government. This



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	paper explores the impact of missionary medical and educational activities in South-Western tracts of Bengal establishing them within the broader colonial context and analysing the relationship between humanitarian service, social reform and religious motivation.
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INTRODUCTION

Indians were immensely helped educationally and medically by the Christian Missionaries during colonial period. In 1793, the arrival of William Carey in Bengal opened a new era in Indian history.¹ Before William Carey, a few missionaries came in India but their activities were confined in small areas. William Carey was the first missionary who was sent in this country by the Baptist Missionary Society of England. He is regarded as the father of modern missionary enterprises in Bengal.² Carey's pioneering activities like translation of the Bible in vernacular languages, journalism, establishment of Serampore College in 1818 and preaching of gospel have given him a respectable space in the history of Bengal.³

A passage was created for the missionaries in India by the Charter Acts of 1813 and 1833 passed by the British Parliament. As a result, missionaries from Europe, America and other parts of the globe came in India for preaching Christianity.⁴ Besides, they initiated few humanitarian works such as - establishment of educational institutions, published books on vernacular languages, founded dispensaries and hospitals, charity to the poor and needy Indian people etc.⁵ Some of them are -

- i) Baptist Missionary Society (BMS).⁶
- ii) London Missionary Society (LMS).⁷
- iii) Church Missionary Society (CMS).⁸
- iv) British and Foreign Bible Society (BFBS).⁹
- v) England Zenana Missionary Society (EZMS).¹⁰
- vi) Oxford Mission to Calcutta (OMC).¹¹
- vii) Wesleyan Methodist Missionary Society (WMMS).¹²
- viii) Cathedral Mission (CM).¹³
- ix) Free Church of Scotland Mission (FCSM).¹⁴
- x) German Evangelical Lutheran Mission (GELM).¹⁵
- xi) Roman Catholic Mission (RCM).¹⁶



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REVIEW OF LITERATURE

The subject also got scholarly attention. Some of them are – *Public Health in British India: Anglo-Indian Preventive Medicine 1859- 1914 (1994)* by Mark Harrison, *Medical Education and Emergence of Women Medics in Colonial Bengal (2012)* by Sujata Mukherjee, *Health and Healing in Colonial Bengal: The Christian Missionaries and the Imperial Impact (2018)* by Partha Dutta, *Medical Missionaries and the Women in Health Care (2019)* by Sindhu Thomas and Y. Srinivasa Rao, *The Contribution of Christian Missionaries to Education in Bengal, 1793 – 1837 (2020)* by M.A. Laird, *Christian Missionary's Activities for the Educational Development of Tribal Communities with special reference to the Santals (2020)* by Subrata Mandal and Bipul Mandal, *The Christian Missionaries in Bengal 1793 – 1833 (2020)* by Kanti Prasanna Sen Gupta, *The Role of Christian Missionaries in Medical Services in Murshidabad District of West Bengal (2022)* by Ganesh Kr. Mandal - all these are the valuable research work, but the focuses of these researches were either Calcutta centric or different province centric. District wise detail discussion did not get much priority. In some researches, Calcutta, Hooghly, Howrah, Burdwan and Murshidabad district got some focus, but Midnapore, Bankura, Purulia and Birbhum district did not get proper attention. So, various medical and educational activities of Christian Missionaries are remained un-discussed. Therefore, Midnapore, Bankura and Purulia district – the vital regions of South-West Bengal has been chosen as the field of research. My special emphasis is on the study of medical and educational activities of the Christian Missionaries in South-West Bengal and explores its social and religious impact on the local rural people.

RESEARCH METHODOLOGY

The research method is very important for any research activity. The proposed study is conducted under the source method. Besides, qualitative analysis methodology is also used in this research. The entire study is based on the available primary and secondary sources such as - archival documents, proceedings, files, district gazetteers, medical proceedings and reports, contemporary government publications, journal, newspaper reports and books etc.

OBJECTIVES OF THE STUDY

The chief objectives of this research paper are –

1. Explore the Medical services of the Christian Missionaries in South-West Bengal.
2. Find out the educational activity of the Christian Missionary in South-West Bengal.
3. Examine the impacts of the medical and educational activities of the Christian Missionaries on the elite class and also the tribal people of South-West Bengal specially Midnapore, Bankura and Manbhum district.



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MEDICAL AND EDUCATIONAL MISSIONS

In 1836, the Church of England Mission came in Bengal and they spread around Bengal. In 1851, they built St. George Church in Midnapore town near railway station. Church Missionary Society and London Missionary Society played a vital role in Midnapore district regarding educational, medical and charitable works.¹⁷ They built schools, dispensaries and orphanages in Midnapore district. Through these activities, missionaries tried to preaching Christianity in Midnapore district. In this context, the role of Robert Charles Hamilton is notable. R.C. Hamilton came in Midnapore as a missionary. After some time he was deputed as a salt merchant at Tamluk under East India Company. On May 1852, an English medium school founded by R.C. Hamilton at Tamluk.¹⁸ He realised that education and health both were important for human being. Therefore, on the same year in 1852 R.C. Hamilton founded a Charitable Missionary Dispensary at Tamluk.¹⁹ In 1854, a new building was constructed for this dispensary by R.C. Hamilton and by the immense efforts, he converted this dispensary into a small hospital.²⁰ In 1875, the hospital was shifted at the centre of the town. During the period a Civil Hospital Assistant was deputed for the treatment of local people.²¹ After that, Dr. Bholanath Basu (MD) and Dr. Uday Chand Dutta deputed as Civil Surgeon and Assistant Surgeon of the hospital. Diwan of Mahisadal Zamindar, Nilmoni Mandal donated Rs. 2,600 to the hospital fund for construction of a new building.²² In 1897, the construction work of new hospital building was started. Besides, Babu Upendranath Maity donated Rs. 500 to the hospital fund and constructed a separate female ward. During colonial period this hospital performed with reputation and people of surrounding subdivisions gathered there for treatment.²³

On 21st September 1835, Rev. Jeremia Philips arrived at Cuttack. He was the first American Baptist Missionary who came in this country. This year with the help of Eli Neos, Rev. Jeremia Philips established American Free Baptist Mission (AFBM) at Balasore, which was the first Baptist Missionary Church in India. After completion of education, James, the son of Rev. Jeremia came back at Balasore and started missionary charitable activity with his father. They entered into Midnapore in 1844. At that time they started charity and treated poor people of Midnapore.²⁴ Gradually, their charitable activities spread at the different parts of the district. In 1863, a church was established at Midnapore town by AFBM. Next year in 1864, a branch was established at Binpore. Their influence also spread in Chandrakona and Contai. The Santhals were too much attracted with their activities.²⁵

Their main aim was to preaching Christianity. Besides, by the fulfilment of various demands, they converted local people into Christianity, especially weaker sections who were socially and economically backward. Actually missionaries played a vital role in the field of education and medical mission including their religious propoganda.²⁶ So, for the development of social and moral condition of the exploited local people, Rev. James opened Sunday-Schools and charitable



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dispensaries at Midnapore in 1844, at Shantipore in 1852, at Bhimpore in 1873, at Dantan in 1877, at Chandbali in 1887, at Contai in 1893 and at Kharagpur in 1894.²⁷

All the schools were managed by the wives and daughters of the missionaries. For example, Mrs. James Philips and her two daughters Miss Hati and Neli deputed to supervise Dantan Missionary House. After that Miss Julia attached with it. Rev. James Philip was in-charge of Jaleswore Mission. He regularly came at Dantan and Midnapore Mission to supervise the activities of the missions. All the missionary charitable dispensaries of Jaleswore and Midnapore were maintained by the specialist medics of both European and Indian.²⁸

As an active female activist of AFBM, Miss Neli Philips played a remarkable role in the field of medical-mission in Dantan. During colonial period, cholera, smallpox and influenza were common in Dantan. People of Dantan suffered severely because of the frequent outbreak of these diseases. During the epidemic period of 1870s and 1880s, Miss Neli Philips visited remotest villages of Dantan and treated door to door to the victims by the missionary doctors. Those who were severely ill, Neli admitted them into Dantan Charitable Missionary Dispensary. She served as a nurse and treated with care and love. Due to her humanitarian activity, local people loved her.²⁹

During 1870s, the famous journal Missionary Helper regularly published from New York. Missionary activities of India and Egypt were regularly published on this journal. Several letters of Dantan Mission were also printed on this journal. In these letters, the daily life and sufferings of rural people of Dantan, Narayangarh, and Jaleswore were highlighted.³⁰ On a letter of 1882, as a missionary of Dantan, Miss Neli Philips wrote her experiences to the Baptist Mission, Ohayo, America. She wrote that Dantan was a small village of India, located between the border area of Balasore and Midnapore district. Neli and her mother were only female missionaries in this village and the rest were Indians. She highlighted in her letter that most of the villagers of Dantan were poor and needy. Most of the houses were made of mud and bamboo. Often they died by the attack of diseases. Government medical facilities were lesser in Dantan. Their dispensary treated the victims regularly. The daily sufferings of the native people hurt Neli. Therefore, she wanted to increase her charitable activity more and more in Dantan. On that day, when she wrote this letter, almost 80 patients gathered at her house for their treatment of various problems.³¹ Through the conversation of this letter, a mournful scenario of the villagers of Dantan was reflected. Truly the role played by Miss Neli Philips is notable.

Gradually Roman Catholic Church founded at Midnapore.³² Their influences were mainly observed among the Santhals. In 1868, a Baptist Mission Girl's School established at Midnapore town.³³ Most of the missionary organisations were set up a trustee for collecting funds and performing their charitable as well as religious propaganda.³⁴ According to the government report, Baptist Missionaries regularly distributed medicines to the Santhal students of Midnapore district.³⁵ Besides, for the native christian girls, they started a scheme of educational scholarship.³⁶ They also



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spread their educational and medical charities in Jhargram.³⁷ In 1898, a missionary dispensary established at Bhimpore near Lalgargh, located towards north-west forest tract of Midnapore district by the Protestant Missionaries.³⁸

Through the humanitarian activities of the missionaries; especially charitable, educational and medical, the number of Christian population was increasing day to day in Midnapore district. Most of them were converted Indians, who accepted Christianity for their social and economic upgradation.³⁹ Gradually, Christian colonies were formed in the different parts of Midnapore district. For instance, Lodhasuli near Jhargram, Salboni,⁴⁰ Kharagpur, Midnapore, Mahisadal, Binpore, Contai, Chandrakona⁴¹ and Mirpur in Geokhali.⁴² The Christian colony of Mirpur was known as 'Ferringi Palli'.⁴³ Most of the colony men were converted natives.⁴⁴

Christian community of Ferringi Palli divided into two sects i.e. Catholic and Protestant. Except religious activities, they accomplished their social life like Hindus. Because they were converted Christians.⁴⁵ Nevertheless the number of native Christians steadily increased in Midnapore district. For example in 1872 total number of 613 Christian people registered. In 1881 the number of Christian community steadily increased to 740, and 1,545 in 1891, 1,974 in 1901, 4,161 in 1911 and 5,838 in 1921.⁴⁶ In this regard it is notable that, most of the missionary educational and medical institutions were built within the native Christian colonies. The aim was to give amenities to the native Christians and increase their community more and more by humanitarian and charitable activities. To fulfil their aims and objectives, the missionaries reached neighbouring districts of Midnapore and started their activities in tribal tracts of South-West Bengal, especially in Bankura, Purulia, Birbhum, Burdwan etc. These tracts mostly inhabited by the poor tribal and backward people in terms of education, health, economy and employment.⁴⁷

During 1830s, Bankura district became one of the prime centres of missionary activities. The first missionary who started work in Bankura district was Rev. Weitbrecht belong to the Church Missionary Society (CMS). Next the Wesleyan Methodist Missionary Society (WMMS) entered into Bankura in 1870. Although, the American Baptist Missionary Society (ABMS) came in Bankura few years ago and founded an orphanage for the children, named Premananda Orphanage, accommodated for 75 distressed children.⁴⁸

During 1870s, missionary activities were vividly seen in the tribal inhabited localities of Jungle Mahal. In 1883, Rev. J.M. Brown deputed as the chairman of missionary work for Bengal.⁴⁹ During the period, leprosy broke out severely in Purulia and Bankura district.⁵⁰ To treat leprosy patients, Rev. Hemrich Uffmann of German Evangelical Lutheran Mission (GELM) established a leper asylum at Purulia in 1886-1887.⁵¹ This asylum contained each separate wards of children, male and female. At the beginning, it was started with small infrastructure but gradually it increased its capacity. After few years, it contained 22 male, 18 women and 3 wards for children.⁵² Besides, they established an United Children's Home. Rev. H. Uffmann, Rev. P. Wagner and Reg. F. Hahn were



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also memorable for their charitable medical mission in Purulia and surrounding areas.⁵³ Actually, since 1864, GELM started their medical, educational, charitable as well as religious works among the tribal and poor Hindu communities.⁵⁴ Besides, during 1890s, United Free Church of Scotland Mission (UFCSM) started their medical and religious propaganda among the Santhals of Purulia. During the period Rev. Dr. Campbell of UFCSM founded a missionary relief centre at Pakhuria near Purulia.⁵⁵ During 1888 to 1895; total 639 lepers were treated by UFCSM, of which 478 were converted into Christianity. In 1899, total 149 lepers accepted Baptism on account of their treatment. Missionaries also successfully maintained leper asylums at Raniganj, Asansol and Bankura along with their religious propaganda.⁵⁶

To prevent leprosy, Wesleyan Methodist Missionary Society (WMMS) played a vital role in India. In 1874, Wellesley Bailey launched a medical mission, named 'Mission to Lepers in India (MLI)'. The mission started vivid work regarding prevention of leprosy in India. Up to 1899, MLI established 19 asylums and helped many others.⁵⁷ From 1886 to 1911 Rev. J.W. Ambrey Smith was in-charge of MLI in Eastern India. By the immense venture of him, a missionary hospital with 200 bed facilities was founded at Raniganj.⁵⁸ At that time Raniganj was subendorsed in Burdwan district.⁵⁹

Under the project of Mission to Lepper, Mrs. Bryan of WMMS gave proposal to J.W. Ambrey Smith to open an asylum in Bankura. As a result, Ambrey Smith came at Bankura and established a leprosy asylum in 1901.⁶⁰ Named Bryan Leper Home.⁶¹ Gradually it converted into hospital. Then it was acquainted as Bankura Leprosy Home and Hospital.⁶² According to the hospital report of 1907, there were 56 male, 43 female and 7 children lepers treated at Bryan Leper Home.⁶³ Another leprosy home opened at Bankura in 1904 by Mr. Jackson named Edith Home, in the memory of his late daughter.⁶⁴ Mr. Jackson was the then one of the prime activists of Mission to Leper in the East. Jackson's Edith Home worked totally for the children lepers. In this home separate accommodation was built for the boys and girls. Beside treatment, children were taught valuable thoughts of Christianity. The accommodation of this leprosy home was excellent.⁶⁵

The WMMS played a remarkable role for Bankura district. They vividly introduced Western medicine in the district by the establishment of an Allopathic hospital at Sarenga, named Christiyo Seva Niketan.⁶⁶ It was also known as Santhal Mission Hospital. The exact date of establishment of the hospital is unknown. According to the report of WMMS, in 1914, Dr. Caleb Davis started to treat the sick people under the shadow of old banyan tree. Next year in 1915, the construction work of the hospital building was started.⁶⁷ The importance of this hospital was notable. Because, through this hospital modern medical facilities able to reached at Saranga, a backward, remote and undeveloped area of Jungle Mahal. Gradually, a nursing training centre was opened at this hospital.⁶⁸

In this context it is essential to note down a brief history of women medical mission in India. England Zenana Missionary Society (EZMS) played a remarkable role for this country regarding



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indigenous dhai training, nursing along with maternity and child welfare work. On this field Miss Hewlett, a missionary activist of EZMS played pioneering role. In 1866 at Amritsar she started to give training of local dhais about modern nursing. She established an organisation named National Association, for supplying female medical aid to India.⁶⁹ Gradually, such kind of initiative spread at the different parts of the country by the female missionaries of EZMS.⁷⁰ According to Geraldine Forbes, Since 1860s most of the missionary societies started to sponsor separate women organisation in India to recruit and train Indian women into missionary culture and then attached them for the female welfare purposes.⁷¹ Trained native women were also recruited for the missionary hospitals, dispensaries and clinics.⁷² In Bengal, missionaries also helped the female voluntary organisations by the aid of doctors and nurses. For example, Baptist Mission helped Barisal Mahila Samiti through supply of medicines, lady doctors and nurses.⁷³

Another great achievement of the missionaries was to open orphanages in the different parts of the country and giving shelter to the suffering children and women. Beside medical facilities, orphans were also availed good food, education and handicraft works. EZMS, BMS, LMS played pioneering role on this field in India.⁷⁴ Listening of gospel was mandatory at the missionary homes, orphanages and medical institutions. Because they thought, evil effects and diseases would lesser through the hearing of gospel.⁷⁵ Actually, it was one of the unique feature of the missionaries through which they tried to affectionate local people towards Christianity. But as a matter of fact, missionaries tended to deny that religious teaching and proselytizing was not forcefully done. For instance, Minister in-charge of Local Self-Government of Orissa and Bihar, Mr. Ganesh Dutta Singh visited the missionary asylum at Purulia in 1925 for inspection. After inspection he reported, most of the Hindu lepers who entered into the asylum for their treatment were converted to Christianity. Some of them were not agree to adopt Christianity. The atmosphere of the asylum was totally religious. Medical and religious activities were parallely directed in this asylum.⁷⁶

Since 1922, missionaries of the American Baptist Foreign Mission Society (ABFMS) became much more enthusiastic than before regarding their evangelic activity in Bengal-Orissa tract. At that time Dr. Mary Bachelor returned at Balasore with Miss Naomi Knapp.⁷⁷ The officials of the ABFMS deputed Miss Naomi Knapp at Midnapore, Mr. and Mrs. M.A. Raymond at Bhimpore and Mrs. M.R. Hartley at Kharagpur. Since then the ABFMS accelerated their charitable, educational, medical and religious works among natives, especially to the Santhals.⁷⁸ Dr. H.R. Murphy, the officer-in-charge of Bhimpore regularly supervised the health of the students of Bhimpore Missionary High School and Industrial School.⁷⁹ According to the report furnished by Rev. L.C. Kitchen, in 1922, Bhimpore Mission Dispensary treated nearly 5,000 patients of Bhimpore and surrounding areas.⁸⁰ Besides, Mr. Raymond started teaching on industrial and machinery works with 200 schoolboys for their future livelihood.⁸¹



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On the other side, Rev. J.A. Howard performed excellent missionary activity in Contai. In 1922, nearly 2,000 patients were treated at Contai Mission Dispensary. Listening to the gospels was mandatory at the dispensary. People trusted in the missionary medicine. Therefore, villagers of surrounding villages gathered every day at the dispensary campus.⁸² Besides, Miss E.E. Barness was appointed to supervise the activities of the ABFMS in Jaleswore. A women orphanage was constructed at Joleswore by the ABFMS. Miss. E.E. Barnes reported that sick people had gathered there because a dispensary had been attached with the campus of this orphanage.⁸³ Apart from that, Miss. Ruth Daniels was in charge of Middle English Girls' School and Six Lower Primary Schools of Midnapore.⁸⁴ Beside educational and teaching of the Bible, Miss Daniels also supervised female students' health within her jurisdiction.⁸⁵

During the second half of 1940s, Miss Satyabati Behera was an activist of ABM and during 1950s she became an eminent native woman executive of the Christian Service Society (CSS) of Bengal Orissa Mission. She was also the Chairman of the Women's Work Committee of the CSS in Bengal Orissa region.⁸⁶ In 1940, a branch of the CSS opened at Midnapore town. Through the branch, medicines, foodstuff, clothes and other essential commodities were distributed in the different parts of the district during the period of great famine in 1943-1944.⁸⁷ Missionaries also continued their activities in Midnapore district afterwards of independence. For example, missionaries of the ABM opened a mission at Salgadia in 1953 and then in Panchkonja in 1955 for the distribution of medical aid to the remotest tracts of Midnapore district. Apart from that, another remarkable contribution of the ABM was the foundation of Nekursrini Christian Hospital on 24th January, 1965 at Dantan.⁸⁸ The importance of this hospital was notable, because by this hospital, modern medical facilities reached in Dantan, a remote, backward and undeveloped area of Midnapore district till 1960s.⁸⁹

OBSERVATION AND CONCLUSION

Through the above discussion it is evident that the Christian Missionaries played a remarkable role to the development of educational and medical infrastructure in South-West Bengal during colonial period. Although the modern concept of health was introduced in this country by the colonial government but their role was always questionable. They acted as an exploiter body. Their motive was to exploit more and more than welfare. That's why they played an indifferent role towards the native people of this country. Initially, they built a few medical institutions for their army and officials. Gradually they build hospitals and dispensaries at different parts of the country. But, that were insufficient in accordance with the needs of the people because, exploitation and commercial activities of the colonial government such as construction of railways, embankments, bridges, pools, roads, canals etc. increased the probabilities of different diseases.⁹⁰ Therefore, due to frequent outbreak of epidemic diseases, countless native people died every year. Besides, due to the lack of proper sanitary measures and medical facilities of the government, health of the common people,



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especially at rural areas became lugubrious. On the other hand, hospitals and dispensaries built by the government for the natives were worse in condition. Medical equipment, doctors, medicines were insufficient at those institutions. In this circumstance Christian Missionaries came forward as a pioneer in front of the native people of this country. After the passing of the Charter Acts of 1813 and 1833, missionaries of different western missions came in India and spread humanitarian activities along with Christianity. They built hospitals, dispensaries, homes, orphanages and educational institutions and helped native people variously. They focused especially on leprosy patients who were neglected by the colonial government. During the whole colonial period, there was not a single leper asylum built by the government in Midnapore district. Missionaries sheltered lepers, provided modern western medicines and nourished them with kind. Actually, missionaries left a deep impression into the tribal community of Jungle Mahal, especially to the Santhals. Beside Midnapore district, missionaries spread their activities vividly in Bankura and Manbhum district. Apart from medical relief, missionaries focused on proselyting the native people in Christianity. It was noticed that most of the natives who got help by the Christian Missionaries medically, educationally or economically, left their own religion and adopted Christianity. Actually, two classes of our society were deeply influenced by the missionary activities during the colonial period. They were tribal and elites.⁹¹ Elites were attracted to the missionaries for their western educational activities and tribal for their social up-gradation. In fact, since a long period tribal people kept them isolated from the civil society. As a result, they remained backward, poor, undeveloped and uneducated. The colonial government and elites neglected them and their culture. In this circumstance, Christian Missionaries appeared to the tribal people as emancipators. Missionaries provided modern education and medical facilities to them and dealt with kindness and respect. For the sake of that the tribal people gradually attached with the Missionaries and accepted Christianity.

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CONFLICTS OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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